

**DEPARTMENT OF TOXIC SUBSTANCES CONTROL**

400 P STREET, 4TH FLOOR

P.O. BOX 806

SACRAMENTO, CA 95812-0806



(916) 323-3219

**\*\*\* HAZARDOUS WASTE TRANSPORTER REGISTRATION \*\*\*****NAME AND ADDRESS OF REGISTERED TRANSPORTER:**

Western Environmental Services

P.O. Box 1486

Covina, California 91722

**TRANSPORTER REGISTRATION NO:** 3349**EXPIRATION DATE:** January 31, 1997

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND DIVISION 4.5, TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT OF HAZARDOUS WASTE.

  
(AUTHORIZED SIGNATURE)

JAN 05 1996

(DATE)

cc: California Highway Patrol



# INSURE CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

WESN001 02

01/30/96

**PRODUCER**

JOHANSSON INSURANCE SERVICES INC  
PETROLEUM INSURANCE BROKERS  
P.O. BOX 3688  
TUSTIN, CA 92681  
(714) 541-9697 (714) 541-9705

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER	A	LANDMARK INSURANCE CO.
COMPANY LETTER	B	LEXINGTON INSURANCE CO.
COMPANY LETTER	C	C/O THORSON & ASSOC. INC.
COMPANY LETTER	D	
COMPANY LETTER	E	

**INSURED**

WESTERN ENVIRONMENTAL SERVICES  
  
P.O. BOX 1486  
COVINA CA 91722

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	PDP4097420	01/28/96	01/28/97	GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY \$1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXPENSE (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY	PDP4097420	01/28/96	01/28/97	COMBINED SINGLE LIMIT \$1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	<input type="checkbox"/> GARAGE LIABILITY				
B	EXCESS LIABILITY	UMB8781176	01/28/96	01/28/97	EACH OCCURRENCE \$2,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$2,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
A	OTHER PHYSICAL DAMAGE	PDP4097420	01/28/96	01/28/97	\$1,000. DEDUCTIBLE COMPRE & COLLISION

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

RE: 1991 INTERNATIONAL BOBTAIL W/LIFT GATE ID#1HTSDN2N6MH370429 COST 25,000

EXCEPT 10 DAY NOTICE FOR NON PAYMENT OF PREMIUM

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

**AUTHORIZED REPRESENTATIVE**

*Donald R. Johansson*

**LOSS PAYEE**

ASSOCIATES COMMERCIAL CORP.  
ACCOUNT #1370927  
P.O. BOX 25189  
ANAHEIM, CA 92825

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FORM 25-BBS (07/90)